

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>005051</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/30/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>INDIANA UNIVERSITY HEALTH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 N SENATE BLVD</b> <b>INDIANAPOLIS, IN 46202</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of one (1) State complaint.</p> <p>Complaint number: IN00157015 Unsubstantiated; lack of sufficient evidence. State deficiency unrelated to allegations cited.</p> <p>Date of survey: 9-30-14</p> <p>Facility number: 005051</p> <p>Surveyor: Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 10/02/14</p>	S 000		
S1510	<p>410 IAC 15-1.6-2 EMERGENCY SERVICES</p> <p>410 IAC 15-1.6-2(b)(2)(A)(B)(C)</p> <p>(b) The emergency service shall have the following:</p> <p>(2) Written policies and procedures governing medical care provided in the emergency service are established by and are a continuing responsibility of the medical staff. The policies shall include, but not be limited to, the following:</p> <p>(A) Provision for the care of the disturbed patient.</p> <p>(B) Provision for immediate assessment of all patients presenting for emergency and obstetrical care.</p> <p>(C) Provision for transfer of patients</p>	S1510		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S1510	<p>Continued From page 1</p> <p>when care is needed which cannot be provided.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to provide discharge instructions per policy for 1 of 8 patients requiring discharge instructions (patient #1).</p> <p>Findings include;</p> <p>1. Review of patient #1 medical record for facility #1 indicated the following: (A) He/she presented to the emergency department (ED) at facility #1 at 1638 hours on 7/16/14 via ambulance with complaint listed as suicidal ideation. He/she was taken to a secure holding unit. (B) The patient requested respite crisis care at another facility and staff attempted to secure this for the patient prior to discharge on 7/17/14. (C) The record lacked evidence that discharge instructions/referral information were given to the patient.</p> <p>2. Facility policy titled "ASSESSMENT/REASSESSMENT" last reviewed/revised 6/13 stated on page 4 under section discussing secure holding patients: "4.....If outpatient level of care is indicated, the clinician will provide the patient with referral information to ensure that the patient is aware of the resources."</p> <p>3. Facility policy titled "DOCUMENTATION IN THE EMERGENCY TREATMENT RECORD" last reviewed/revised 5/13 stated on page 2: "C.....Each record should contain documentation</p>	S1510			

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S1510	<p>Continued From page 2</p> <p>of the following:.....7. Final disposition, including instructions given to the patient and/or their family, relative to necessary follow-up care."</p> <p>4. Facility policy titled "PATIENT DISMISSAL FROM THE EMERGENCY MEDICINE AND TRAUMA CENTER" (EMTC) last reviewed/revised 6/13 stated under policy statement on page 1: "Patients seen in the EMTC will receive appropriate instructions for follow-up care upon discharge from the EMTC." and "C. Instructions for follow-up care: 1. All patients will receive written or printed instructions. 2. Instructions may include recommendations and directions for self care, information concerning medications, and follow-up recommendation."</p> <p>5. Staff member #7 (Practice Administrator for Secure Holding Unit) indicated the following in interview beginning at 11:30 a.m. on 9/30/14: (A) Typically they provide a recommendation sheet to patients at time of discharge. (B) He/she verified the lack of discharge instructions/referral information for patient #1.</p>	S1510		